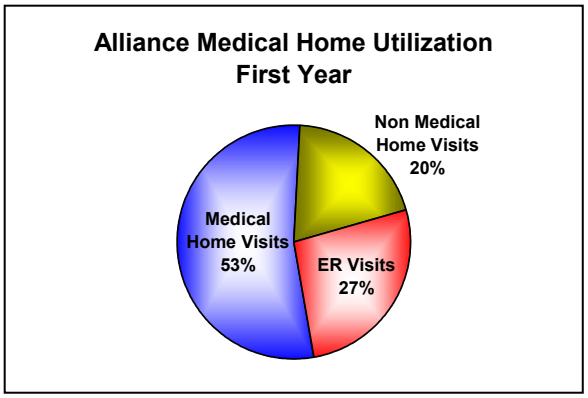
FIRST YEAR ACHIEVEMENT HIGHLIGHTS

The Health Care Safety Net Administration (HCSNA) was created to provide the oversight needed to ensure that DC's uninsured poor residents are provided full access to healthcare that is of high quality and is cost effective, through the DC Healthcare Alliance.

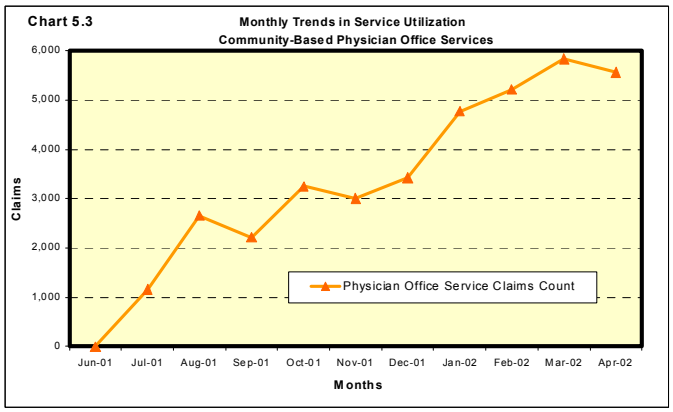
One of the challenges faced by the Alliance in its first year of operation was to shift a large percentage of the care, historically provided to DC's uninsured poor residents at emergency rooms, to outpatient clinics and ambulatory surgery centers. A measure of the success of the Alliance in achieving this shift is seen in a steady decline in the use of emergency room services by Alliance patients in relation to their use of community-based outpatient clinics. This trend is likely to continue as more patients learn about the services available to them. The challenge of creating a system that would increase access, ensure quality, and improve health outcomes, resulted in the following achievements in the first year of operations:

- A patient-centered care model that targets resources and services to the people who need them most and for whom the program is intended -- the District's poor uninsured residents;
- A network of providers that coordinate services with each member's medical home and Primary Care Provider (PCP) for a continuous focus on primary care, disease management, and prevention programs; and
- A system for data collection and reporting that provides information on the disease status of patients, treatment plans, services provided, and cost of treatment provided through the Alliance and funded by the District's taxpayers.



OPERATIONAL ACHIEVEMENTS

- *Enrollment* - The Alliance's enrollment process was very effective, taking in 27,208 residents who provided documentation of eligibility. This represents over 90 percent of the estimated 30,000 DC resident population, between the ages of 18 and 64, who qualify (Lurie, and Stoto, Rand Corp. Oct.2002).
- *Primary Care* - Every documented member of the Alliance was assigned a primary care provider. This meant assignment of 253 primary care physicians to 27,364 members and a ratio of one PCP for every 108 enrollees. Additional PCP workload measures will be developed to account for physicians serving patients outside the Alliance.



- *Care Management* - Enrollees received 54 percent of all services at their medical home. To put this in perspective, the National Center for Health Statistics (NCHS) reported about 50% of all visits to physician offices were made to the patient's primary care physician. So the Alliance has had success in advancing the "medical home concept" which is critical in eliminating unnecessary visits to the ED and promoting preventive health behavior.
- *PCP Use* - The monthly trend in physician office visits increased as shown in the chart above. At the same time, there was stabilization of ER use.
- *ED Use* - For every 10 Alliance enrollees, there were approximately 3.3 visits to the emergency room during the year. This compares well with the most recent national rate of 3.9 visits for every 10 people in the general population, reported by the National Center for Health Statistics (NCHS) for 2000.
- *ED Waiting* - Waiting times from triage to disposition declined steadily in the months following the ramp up of Alliance operations. The percent of ED patients having to wait more than 6 hours averaged about 6.4 percent at GSECH, and 13.8 percent at DC General. Both are approaching the Maryland Hospital Association's benchmark of 6.1 percent.
- *Hospital Admissions* - There were roughly 4 Alliance hospital admissions for every 100 enrollees.
- *Length of Stay* - The monthly average length of stay for Alliance inpatients declined over the first year of operations from 6.7 to 5.2 days. The average over the full year was 5.9 days per hospital stay. This is comparable to the 5.7 day average calculated for DC Hospital Association's members in 2001.
- *Pharmacy* - A significant increase in access to pharmacy services was achieved by expanding the hours of operation to include holidays, and expanding the drug formulary. That resulted in 183,943 prescriptions being filled, compared to 167,828 prescriptions processed by the PBC during the same period the year before.
- *Dental* – Dental services were extensively used (8,161 claims), with about two-thirds of the dental services provided for routine screening care. Comparison with national benchmarks are not possible because so few health plans offer dental care, but this service is important in the Alliance's overall prevention strategy and represents about 5 percent of the paid claims.
- *Disease Management* - Systems were created to allow high cost prevalent conditions to be targeted for disease management and prevention programs. These programs manage high cost chronic conditions, such as diabetes, to avoid hospitalizations due to preventable secondary illnesses.